



The Commonwealth of Massachusetts

Executive Office of Public Safety

Department of Fire Services - Office of the State Fire Marshal

P.O. Box 1025, State Road, Frow, MA 01775



Date: _____

C. 82 S.40 M.G.L.

APPLICATION FOR PERMIT

DIG SAFE NUMBER _____

START DATE: _____

To: Head of Fire Department: _____

City / Town

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section _____ application is hereby made by:

Name: _____
(Full name of person, firm or corporation)

Address: _____
(Street or P.O. Box) (City/Town) (State) (Zip Code)

For Permission to: _____

State clearly the purpose for which the permit is requested: _____

Location: _____

Name of competent operator if applicable: _____ Certificate of Competency #: _____

Date Issued { } Date Rejected { } By: _____

Date of Expiration: _____ Fee Paid { } Fee Due { } Amount: _____

Applicant Signature: _____ Fire Department Number: _____
(If Applicable)



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Date: _____

C. 82 S.40 M.G.L.

PERMIT

DIG SAFE NUMBER _____

START DATE: _____

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section _____ this permit is granted to:

Name: _____
(Full name of person, firm or corporation)

For Permission to: _____

State clearly the purpose for which the permit is granted: _____

Restrictions: _____

Location: _____

Fee Paid: _____ This Permit Will Expire On: _____

Signature and Title of Official Granting Permit: _____